

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>118</u>	
District of <u>Arizona</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>181</u>	
Town of <u>Winkelman</u>		Local Registrar's No. <u>1</u>	
or			
City of _____	(No. _____ St; _____ Ward)		
FULL NAME OF CHILD <u>Boide James Woods</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other <u> </u> and <u> </u>	Number in order of birth <u> </u>	Legitimate? <u>yes</u>
		Date of Birth <u>July 21</u> 191 <u>5</u>	
		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Boide Woods</u>	Full Maiden Name <u>Louisa Padilla</u>		
Residence <u>Winkelman</u>	Residence <u>Winkelman</u>		
Color or Race <u>Caucasian</u>	Age at last Birthday <u>37</u> (Years)	Color or Race <u>Mexican</u>	Age at last Birthday <u>33</u> (Years)
Birthplace <u>N.S.</u>		Birthplace <u>N.S.</u>	
Occupation <u>Plumber</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>3rd</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 21 1915, at 4 P.M.

{ *When there is no attending physician or midwife, then the householder should make this return.

(Signature) M. H. Marden M.D.
(Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 191____

Address Winkelman

Filed July 23 1915 A. D. Roberts LOCAL REGISTRAR.

Filed Aug 5 1915 B. J. Fox COUNTY REGISTRAR.

_____ COUNTY REGISTRAR.